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00513171 IP-00060706
RASHMI GUPTTA
-1996 30 Y 1 M 15 D (F)
HAVANA K

ACTIVITY RE

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 14/7/26 Time : 5:25pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : LW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	5pm	LW	(2a)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/7/26	NST @ 5pm – (1)	R26-011355 ✓	Jeyan
14/7/26	NST at 9pm – (2)	R26-011369 ✓	
14/7/26	NST at 1Am (3)	R26-011370 ✓	
15/7/26	NST @ 5Am – (4)	R26-011371 ✓	
15/7	NST @ 9Am – (5)	R26-011425 ✓	
15/7	NST @ 11Am – (6)	R26-011426 ✓	Rani
	Cross checked by Rani 15/7/26 @7 pm.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7	Infusion pump	10Am	12pm	3101969	
15/7	Cardiac. monitor	10Am	12pm		
15/7	Epidural pump	10 Am	11 Am	3101971	
	Cross checked By Rani 15/7/26 @ 7PM.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/7/26	IV placement — ①	1	310577	✓ Rani
15/7/26	Catheterization - ①	1	310973 ✓	
15/7/26	PAC	1	310972 ✓	
	Cross checked By Rani 15/7/26 @ 7 PM.			

ANY OTHER INFORMATION

Date : 16/07/26 Time : 8:54 AM Prepared By : 16/07/26 @8.54AM

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Deepika	Sis.		

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RASHMI GUPTTA
15-1996 30 Y 1 M 16 D (F)
BHAVANA K

Ref. No. : F/OT/05

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SURGERY DETAILS

Sl.No. Date : 15/07/2026

Patient Name : MRS. Rashmi Age : Sex:

UHID No. : IP No:

Date of Surgery : 15/7/2026 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal delivery & epidural.

Time in : 11 Am Time Out : 1.8 Pm

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana Rao	
2. Anaesthetist	Dr. Madhav	
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse		
6. Asst. Nurse		

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Signature of the Surgeon Signature of Circulating Nurse

Order No. : 3101869. Ordered by :

Rainbow Children's Hospital

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Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060706 **Admit Date** : 14-Jul-2026 **Admit Time** : 05:25 PM **UHID** : BAH-00513171

Patient Details :

Patient Name	: Mrs RASHMI GUPTTA	**Age**	: 30 Y 1 M 15 D
Guardian	: Mr MR DURGESH	**DOB**	: 29-05-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-501,SRINIVASA SOWDAM,GREEN VIEW ENCLAVE,SECUNDERABAD Hasmatpet Hyderabad Telangana INDIA 500009	**Phone No**	: 9883476990/ 9830190901
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr MR DURGESH **Relationship** : W/O

Contact Address : FLAT NO-501,SRINIVASA SOWDAM,GREEN VIEW ENCLAVE,SECUNDERABAD Hasmatpet Hyderabad Telangana INDIA 500009 **Phone No** : 9883476990 / 9955669980

Durgesh Gupta
Signature

Doctor Details :

Doctor Name	: Dr. BHAVANA K	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

I-00513171 IP-00060706
RASHMI GUPTTA
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BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 27/10/2025. EDD:

Corrected EDD: 3/8/2026. GA: 37+1 weeks.

Obstetric Formula: G2P1L1
ML-7 yes. NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1 - Female / 3 yrs 8 months / PTNVD / PPROM / 2.5 kg / A&H / uneventful / RCH VKP / BFX14
G2 - present pregnancy / sp. conception.

Obstetric Examination

Fundal Height: 32 TG.

Present Pregnancy Record: Booked to RCH at 29+4 wks. Prev. ANCs done at Kolkata. H/o spotting PU at 22 weeks managed conservatively.

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
140 bpm.

RISK FACTORS:

- small for gestational age baby.

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 155 cm

Weight: 62 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afeb. PR: 88 bpm.

BP: 109 / 69 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adeq.

DIAGNOSIS

G2P1L1 with 37+1 weeks with previous NVD (preterm) with small for gestational age baby in latent labor for delivery.

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

Family History:

Father - HTN, DM.
Mother - Hypothyroidism.

Surgical History:

Nil

Medical History:

H/O Nephrotic syndrome at 2 yrs of age.

Medication History:

Plan of Care:

C/I to Dr. Bhavana mam

- Admission
- consent
- part preparation
- FHR monitoring
- NST 4th hourly
- monitor vitals.
- (N) diet
- W/F spontaneous progression of labour.
- Follow drug chart.
- Inform SOS

noted by pradnyesha

Investigations:

BG: 'B' POSITIVE.

CBP - 8/7/2026
13 | 8930 | 204 L

HIV, HBsAg, HCV, VDRL } NR.

- Foetal Echo
2/4/2026
Echogenic Focus noted in left ventricle.

- TIFFA Scan -
19/3/2026.
SLIUF
20+3 wks.
PL - Aut, high.
CL - 41.4 mm.
No anomalies.

- NT Scan -
22/1/2026.
12 wks.
NT - 1.4 mm
NB (+)

- Growth Scan -
23/6/2026.
SLIUF
34+1 wks
Cephalic.
PL - Aut. high.
AFI - 11.5 cm.
AC - 84.
EFW - 2037 gm
fetal doppler - (N)
Ut. Artery doppler - 93 centile.

- FTS - low risk

Doctor Name: Dr. Nikita
Signature:
Date & Time: 14/7/2026. 6 PM

Consultant Name: Dr. Bhavana K.
Signature:
Date & Time: 14/7/2026.

PATIENT TRANSFER FORM

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HAVANA K

Date & Time of Admission	Date & Time of Transfer Order
14/7/26 @ 5:25pm	15/7/26 @ 4:45pm

Treating Consultant	Transfer ordered by	Reason for Transfer
	Dr. Ashwini	for observation

From Unit	To Unit	Information to attendant
2W	(202)	Yes ☑ No ☐

Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant
(35)	(6)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	(1) paracetamol (15)	
2.	(2) Diclofenac (10)	
3.	(3) pantop pro 20k (15)	
4.	(4) SYRUP. LACTULOSE (1)	
5.	Sand – (1) under pad – (1) Baccirub	

Shifting Summary / notes written by Doctor :

Dr. Ashwini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prathyusha	Dr. Ashwini

Patient & Clinical records received by : sushila

DR. M. VIJAYARTHA
Epidural Catheter Removed
(YES) / NO

Date & Time of Patient Received: sushila 15/7/26 @ 4:50pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable bed ☐ Nurse not available ☐ Available bed not ready

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order
14/7/26	Time	FHR	Contractions	Date Time FHR contraction
	6pm	142 b/m		15/7/26 7:30Am - 143 b/mt
	6:30pm	138 b/mt		8Am - 150 b/mt
	7pm	146 b/mt	Nill	
	7:30pm	130 b/mt		
	8pm	141 b/m		
	8:30pm	142 b/m		
	9pm	141 b/m		
	9:30pm	142 b/m		
	10pm	143 b/m		
	10:30pm	145 b/m	Nil	
	11pm	140 b/m		
	11:30pm	148 b/m		
15/7/26	12Am	145 b/m		
	12:30Am	142 b/m		
	1Am	- 152 b/m		
	1:30Am	- 143 b/m		
	2Am	- 145 b/m		
	2:30Am	- 150 b/m		
	3Am	- 146 b/mt		
	3:30Am	- 148 b/mt		
	4Am	- 150 b/mt		
	4:30Am	- 152 b/mt		
	5Am	- 148 b/mt		
	5:30Am	- 156 b/mt		
	6Am	- 143 b/mt		
	6:30Am	- 147 b/mt		
	7Am	- 148 b/mt		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

00513171 IP-00060706
[?]ASHMI GUPTTA
-1996 30 Y 1 M 15 D (F)
[?]HAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 9:15 pm	O/E - pt is c/c/c	Adv:
	G/C - Fair	- (N) diet
	Afebrile	- Adeq. Hydration
1st dose Tab miso 25 mcg kept PV at 9:15PM	BP - 97/66 mmHg	- Ambulation
	PR - 104 bpm	- Birthing ball exercises
	S/E - NAD.	- monitor vitals
	P/A - ut - TG.	- ~~w/f bleeding PV~~
	Cephalic	- w/f POL
NST reactive	Irritable	- NST 4th hrly
	FHR (+) 140 bpm	- Follow drug chart
noted by Dr. Sahani 14/7/26 9:15pm	V/E - cx - ½ inch	- Juform SOS.
	OS - 2F	
	PPV x	Dr. Nikhita
15/7/2026 1:15 Am	O/E - pt is c/c/c	Adv:
	G/C - Fair	- (N) diet
	Afebrile	- Adeq. Hydration
NST reactive	BP - 99/73 mmHg	- Ambulation
	PR - 82 bpm	- Birthing ball exercises
	S/E - NAD.	- monitor vitals
	P/A - ut - TG.	- w/f POL
	Cephalic	- NST 4th hourly
	~~[illegible]~~	- Follow drug chart.
	FHR (+) 146 bpm.	- Juform SOS.
	3c/30sec/10min.	
	V/E - cx - ½ inch	Dr. Nikhita
	OS - 2cm.	

PPV x 1-1

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 5:15 AM	o/e pt is c/c/c fl fair Afeb BP- 112/70 mmHg PR- 76 bpm. S/E NAD P/A ut ~TG (C) 2c/20sec/10min FHR (+) 133 bpm V/e Cx 1/2 inch OS 2F loose PPVx-2	Adv - (N) Diet - W/F PO2 - Monitor Vitals - Follow drug chart - Ambulation - FHR monitoring - NST 4th July - Inform SOS
Noted by Suhasini 15/7/26 @ 5:15 AM		
15/7/26 6:45 AM	c/I to Dr Bhavana Mam	Dr Nausheen
T. Nise 25mcg kept PV at 6:45 AM	P/A ut ~TG (C) 2c/25sec/10min FHR (+) 146 bpm V/e Cx 1/2 inch OS - 2F loose PPVx-2	
noted by Suhasini 15/7/26 @ 6:45PM		Dr Nausheen

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ASHMI GUPTTA
-1996 30 Y 1 M 15 D (F)
HAVANA K

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26		
9AM	O/E	Adv
	Pt is c/c/c	- clear liquids
	GC fair	- Enema
	Afebrile	- Monitor FHR continuously
	BP - 112/72mmHg	- NST 4th hrly
	PR 90bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
SROM occured at 9AM	P/A - Ut ~ TG	- Ambulation
	3C/25sec/10min	- Adequate hydration
	© FHR ⊕ 150bpm	- Birthing Ball exercises
	P/V - Cx 50% effaced	- Inform SOS
	OS - 4cm	- W/F POL
	SROM occured PPVx 1-2	
	M⊖ clear liquor.	
		Dr yogeshwari
	Noted by Ravi @ 9 Am	
15/7/26 10:10AM	C/S to Dr Bhavana ma'am	
	P/A - 3c/30sec/10min	Adv
	Ut ~ TG	- clear liquids
↓ epidural	© FHR ⊕ 158 bpm	- continuous FHR monitoring
	V/E - 50% effaced	- foleys catheterization
	OS - 4-5cm	- I/O charting
	PPE VX -2/ M⊖ lq clear	- NST - 4th hourly
		- Inform SOS
		Dr. [illegible]
	Noted by Ravi @ 10:10am	

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	O/E Pt is c/o/c	
11AM	GC- fair	Adv
	Afebrile	- Clear liquids
	BP- 118/79 mmHg	- W/F Pol
	PR- 82 bpm	- Continuous FHR
	S/E- NAD	monitoring.
	P/A - Ut ~ ~~...~~ TG	- Monitor vitals
	~~...~~ Cephalic	- Follow drug chart
	LFE- 3c/40sec/10min	- Inform SOS.
	FHR- 154bpm	
	M/E- Cx: fully effaced.	
	Os: fully dilated	
	PDVx | -1 → 0 |	
	M ⊖ liq ©	Dr. Geetanjali
noted by Ravi @ 11am		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 12:10 PM	**Delivery Notes.**	Dr. Bhavana K Dr. Ashwini / Dr. Greeshma Sis Rani / Sis Pooja.

Under strict aseptic conditions, patient placed in lithotomy position, parts painted & draped. At the time of crowning at peak of contraction, RMLE given under 2% Lignocaine.

A Female baby of weight 2.567 kg. of Apgar 7/10, 9/10 delivered at 11:38 Am on 15/7/26 with one loop of cord around neck.

Baby cried immediately, cord clamped & cut, baby handed over to pediatrician. Placenta & membranes expelled, episiotomy sutured in layers. No perineal tears or extensions. Hemostasis secured. PR done NAD

Female	2.567 kg
11:38 Am	7/10 c 9/10
	15/7/26

Dr. Greeshma.

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LASHMI GUPTTA
-1996 30 Y 1 M 15 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/9/26 12:10 PM	PND-0 O/E Pt is c/c ac-fair Afebrile. BP- 107/76mmHg PR- 88 b/m S/E-NAD. P/A- Ut w/R Soft, BS (+) P/E-NAD Baby mother side [A, H, BF(+) Noted by pool/o	Adv - Soft diet - WIF Bleeding PR - Monitor vitals - Follow drug chart - Adequate hydration - Inform SOS Sign Dr. Geetha @ 12:10 Pm
15/9/26 3:30 PM	PND-0 O/E Pt c/c c gait afebrile BP- 122/79 mmHg PR- 85 bpm S/E NAD P/A Ut w/R BS (+) PV- NAB Note at by pool/o	Adv - (N) diet - WIF bleeding PV - adq-hydration - ambulation - monitor vitals - follow drug chart - inform SOS Dr. Ashwini @ 3:30pm

UP
It can be shifted to room
baby - A BF(+)

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29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9pm	PND-0	Adv
	O/E pt c/c/c	
	c/c fair	- (N) diet
	afebrile	- adq hydration
	BP - 109/79 mmg	- ambulation
UP	PR - 876 PM	- w/f bleeding PV
MP	RS CVS NAD	- monitor
	P/A ut nup	vitals
	BS (+)	- follow drug
	P/U NAB	chart
	baby (A) BF (+)	- inform sos
Noted by padma. 15/7/26		A/Dr Ashwini
16/7/26 7am	PND-1	
	O/E pt c/c/c	Adv
	c/c fair	- (N) diet
	afebrile	- w/f bleeding
	BP - 111/65 mmg	- adq. hydration
	PR - 60 bpm	- ambulation
UP	CVS NAD	- monitor vitals
MP	P/A ut nup	- follow drug chart
	BS (+)	
Pt can be discharged	P/U NAB	- inform sos
	baby (A) BF (+)	A/Dr Ashwini
	PV - Per vaginal examination done	

Noted by padma 16/7/20

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 17 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: $G_2P_1L_1C$ 37+1 weeks C Previous NVD (Preterm C Small for gestational age baby

Surgery / Procedure: in Latent labour for delivery

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: .....

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	14/7 E	14/7/26 N	15/7/26 M	15/7/26 E	15/7/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	-			-	Nil
	Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	n.diet	Ⓝ diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.3 F	98.6 F	98 F	96.2 F	98.6 F	98.1 F
	Res:	20 b/m	20 b/m	18 b/m	20 b/m	20 b/m	24 b/m
	SpO_2:	96.1	98%	98%	96.1	99.1	99%
	Pulse:	88 b/m	82 b/m	90 b/m	88 b/m	82 b/m	81 b/m
	BP:	108/66 mmHg	92 mmHg	112/72 mmHg	110/64 mmHg	111/64 (76)	110/68
	LOC:	Conscious	conscious	Conscious	Conscious	conscious	Conscious
	Fall Risk Score:	0	15	15	15	0	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	n.diet	Ⓝ diet
	Critical Lab Test / Values:	—	—	—	—	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	WF POL	WF POL	WF Bleeding	-	
Handed Over By Name :		prathyusha	K. Subashini	Raju	prathyusha	sushila	Padma
Signature / ID :		020533	020477		020533	016443	60663
Date:		14/7/26	15/7/26	15/7/26	14/7/26	15/7/26	16/7/26
Time:		@8pm	@8AM	@2pm	@5pm	8PM	8AM
Taken Over By Name :		K. Subashini	RAW	prathyusha	sushila	Padma	Deepika
Signature / ID :		020477	020822	020533	016443	60663	602489
Date:		14/7/26	15/7/26	15/7/26	15/7/26	15/7/26	16/7/26
Time:		8pm	8AM	@2pm	4:50PM	5PM	@8AM

AH-00513171 IP-00060706
rs RASHMI GUPTTA
9-05-1996 30 Y 1 M 15 D (F)
r. BHAVANA K

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...RSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: $G_2P_1L_1$ @ 37+1wk @ previous NVD 1preterm @ Small for gestational age baby in latent labour

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: —

Post OP Day: —

BACKGROUND

Date / Shift	16/7/26 M					
Medical Condition (Any special condition to be noted):	Nill					
Diet:	(N) diet					

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA					
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F					
Res:	20b/m					
SpO_2:	99%					
Pulse:	80b/m					
BP:	118/61(mb)					
LOC:	Conscious					
Fall Risk Score:	0'					
Pain Score:	0'					
Skin Integrity	Intact					

Recommendations

Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—					
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	(N) diet					
Critical Lab Test / Values:	—					
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent					

Post Operative Procedure Special Orders:	-					
Handed Over By Name :	Deepika					
Signature / ID :	D1607489					
Date:	16/7/26					
Time:	@2pm					
Taken Over By Name :	File sended to Billing on 16/7/26 @ 9am Noted by Deepika					
Signature / ID :						
Date:						
Time:						

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs. Rachana Gupta. Gender: ☐ Male ☑ Female

UHID No : BAH-0051 3171 Department : Anaesthesia. Date : 15/07/26.

I Durgesh Gupta S / D / W / O

Here by give consent for procedure of : Epidural - labor analgesia.

For my patient, Named : Mrs. Rachana Gupta.

The doctors have clearly explained to me that the procedure has following possible complications:

Hypotension, patchy block, headache.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I.V. Remifentanyl, Entonox.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. M. Vinaetha.

Patient Attendant :

Signature : Durgesh Gupta

Name : DURGESH GUPTA

Relationship with Patient: HUSBAND

Date & Time : 15-7-26, 9:36 am

Witness :

Signature :

Name : Rambabu

Date & Time : 15/7/26 9:20 AM

Doctor (who is taking the consent) :

Signature :

Name : DR. M. VINAETHA.

Date & Time : 15/07/26.

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా ోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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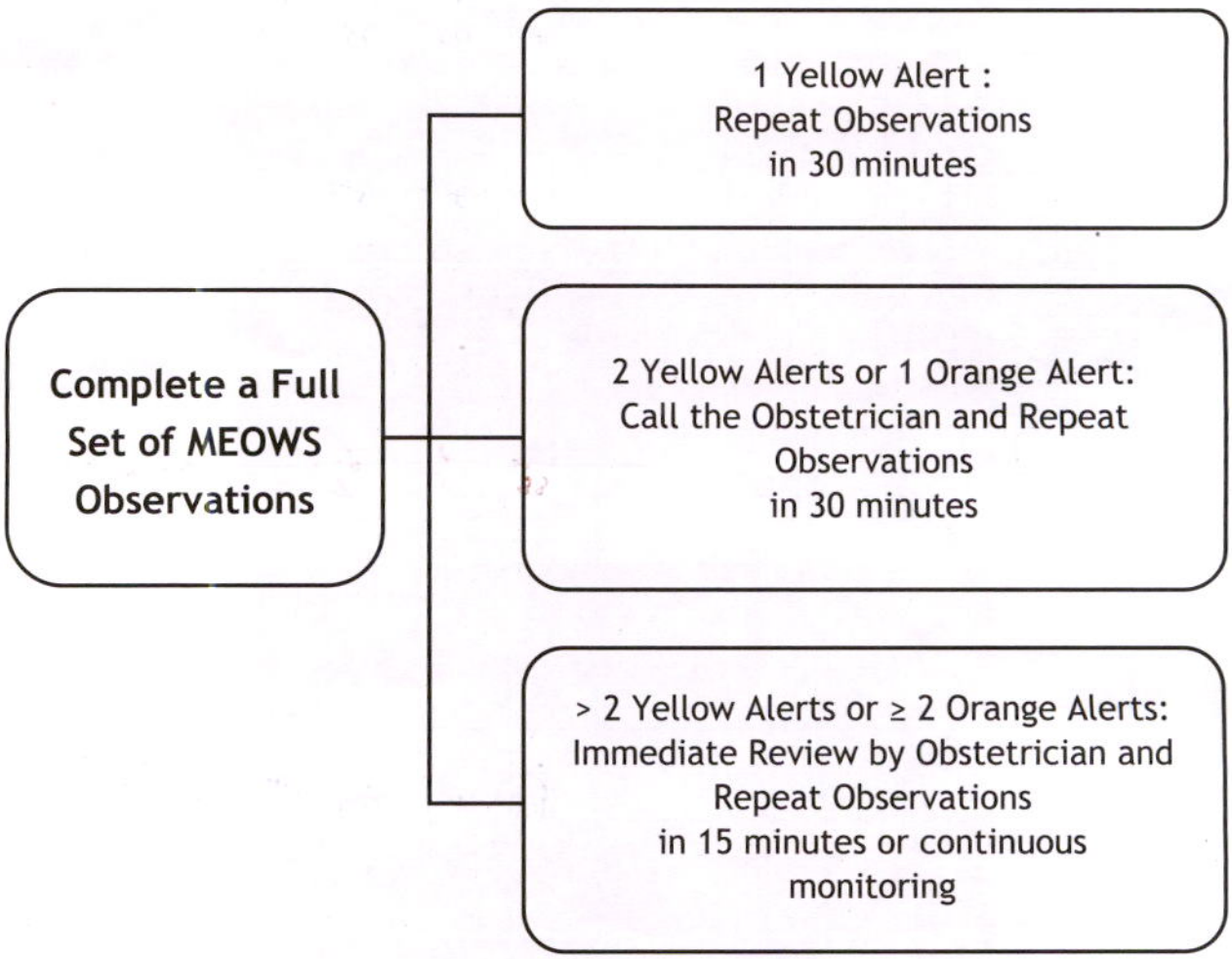
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

14/7

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20												19		19		19		19		19		19		19	
	0 - 10																									
Saturations	94 - 100 %												99		99		99		99		99		99		99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36												36.4		36.2		36.2		36.2		36.2		37.0		37.2	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80												88		80		82		80		83		90		92	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																						120			
	110												K 108		109		99		110		100				113	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																								74	
	60												69		70		73		73		74		60			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert												✓		✓		✓		✓		✓		✓		✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30												✓		✓		✓		✓		✓		✓		✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal												NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																									
Liquor	Clear / Pink												NA		NA		NA		NA		NA		NA		NA	
	Green																									
TOTAL YELLOW SCORES													0		0		0		0		0		0		0	
TOTAL ORANGE SCORES													0		0		0		0		0		0		0	
Nurse Initial													MJ		SB		SB		SB		SB		L		L	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

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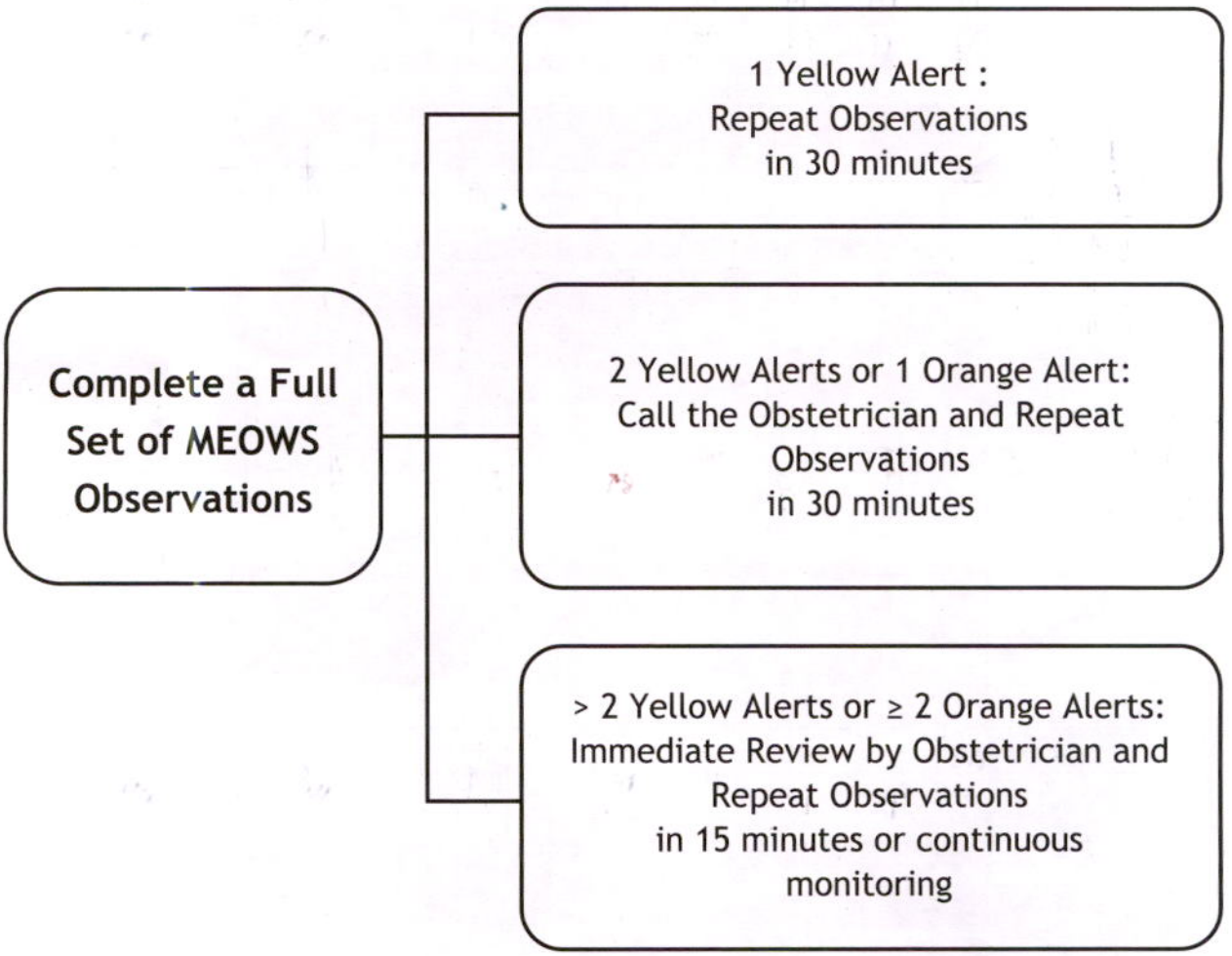
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

15/7	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		19		19		19		19			19				19				19				18
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99			99				99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37C		37C		37C		37C		37.1C			36C				36C				35C				35C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90		91				98																	
	80					87				89			87				86				79				80
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	112																							
	110							110		113			109				105				110				111
	100			100		105																			
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80												79												
	70	72		70		72		70									80				79				65
	60									69															
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓			✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA		NA			NA				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NP			NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0			0				0				0				0
TOTAL ORANGE SCORES		0		0		0		0		0			0				0				0				0
Nurse Initial																	P				P				P

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

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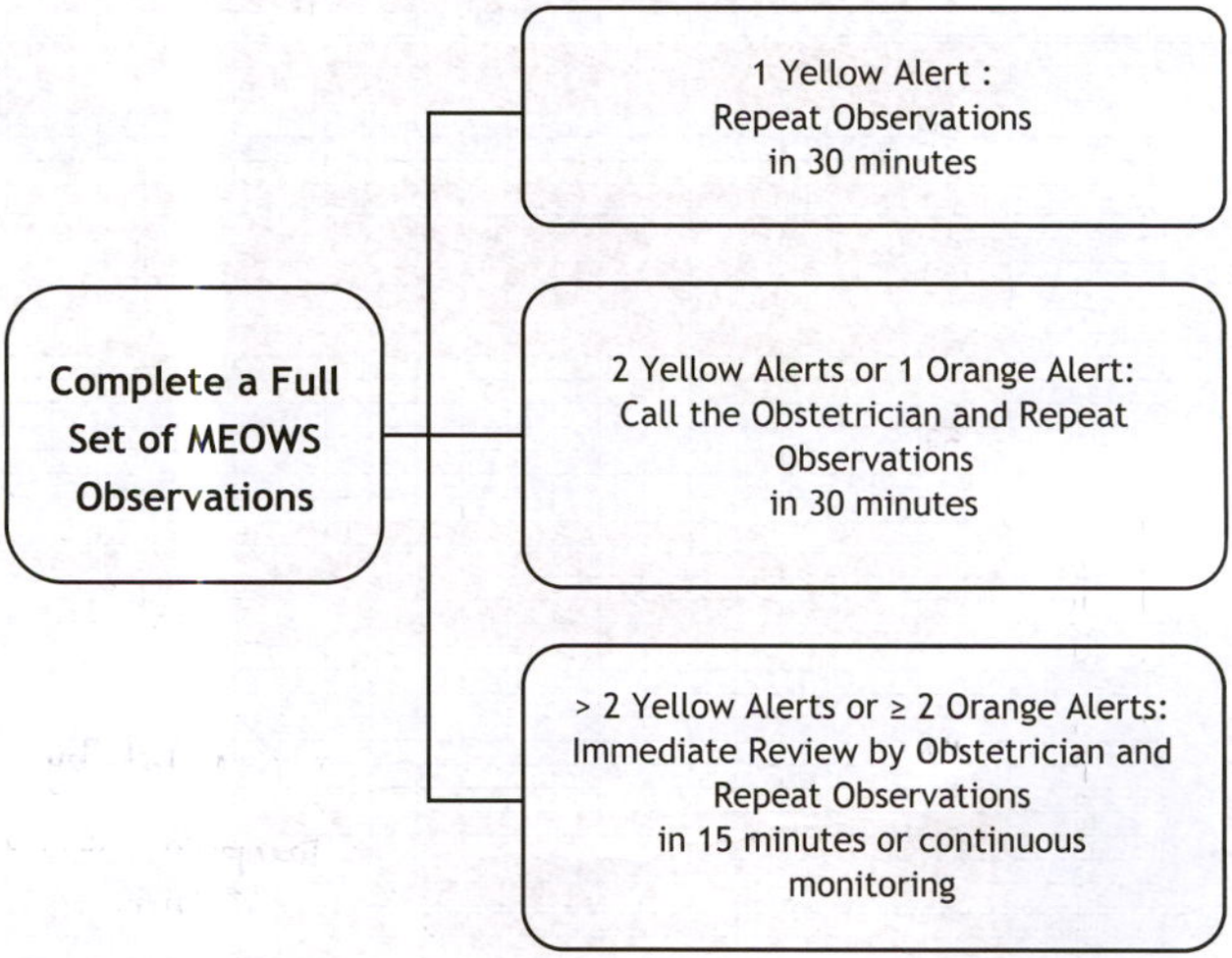
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

16/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19																						
	0 - 10																								
Saturations	94 - 100 %		99																						
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		37c																						
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		82																						
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110		118																						
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60		65																						
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓																						
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓																						
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		NA																						
	Heavy / Foul																								
Liquor	Clear / Pink		NA																						
	Green																								
TOTAL YELLOW SCORES			0																						
TOTAL ORANGE SCORES			0																						
Nurse Initial			B																						

Noted by
Deepika 16/7/26
@9am

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am			Nil								
	12:00 pm		✓									
	01:00 pm					Nil						
Total Intake :						**Total Output :**						
14/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	H_2O 100ml								✓	0	Preethi 4pm 14/7/26
	07:00 pm	H_2O 100ml									0	
Total Intake :		200ml				**Total Output :**				Passed		
14/7/26	08:00 pm	H_2O 100ml									0	S 14/7/26
	09:00 pm	H_2O 100ml								✓	0	
	10:00 pm	H_2O 100ml									0	10pm
	11:00 pm	H_2O 50ml									0	S
	12:00 am	H_2O 100ml								✓	0	15/7/26
	01:00 am	H_2O 100ml									0	Preethi
Total Intake :		550ml				**Total Output :**				Passed		
15/7/26	02:00 am	H_2O 50ml								✓	0	S
	03:00 am	H_2O 50ml									0	15/7/26
	04:00 am	H_2O + 50ml								✓	0	
	05:00 am	H_2O + 50ml									0	
	06:00 am	H_2O + 50ml									0	Preethi
	07:00 am	H_2O + 50ml								✓	0	8AM
Total Intake :		300ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1050ml	Total 24 hrs. Output	

AH-00513171 IP-00060706
RASHMI GUPTTA
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BHAVANA K

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FLUID CHART

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
15/7/26	08:00 am	H2O +	100ml							✓	0	
	09:00 am	H2O +	50 ml								0	pooja 15/7/26 @ 12 pm
	10:00 am	RL 500 FF ml								100 ml	0	
	11:00 am	RL 100 ml ml H2O 50 ml								50 ml	0	
	12:00 pm	RL 100 ml H2O 50 ml								✓	0	
	01:00 pm	H2O 50 ml								✓		
Total Intake :						**Total Output :**						
15/7/26	02:00 pm	H2O	100ml							✓	0	pooja 15/7/26 @ 9 pm
	03:00 pm	H2O	100ml							✓	0	
	04:00 pm	H2O	100 ml									
	05:00 pm										0	
	06:00 pm		10 kg water									Sabita 15/7/26 @ 8 pm
	07:00 pm										✓	
Total Intake :						**Total Output :**						
16/7	08:00 pm		Boiled H2O									
	09:00 pm									✓		
	10:00 pm											
	11:00 pm											
	12:00 am		H2O							✓		
	01:00 am											
Total Intake :						**Total Output :**						
16/7	02:00 am											
	03:00 am											
	04:00 am		H2O							✓		
	05:00 am											Padma 16/7/26 @ 7 am
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	Urin — 9 times

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 3

7/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
16/7/26	08:00 am		Baby									
	09:00 am		+									
	10:00 am		H2									
	11:00 am											
	12:00 pm											
	01:00 pm											Dupika 16/7/26 @2pm
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
28-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Room (202)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	13/7	☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	14/7	☐ C ☑ DC
3	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	14/7	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Nikita

Date & Time : 14/7/2026 6 PM.

Nurse Name & Signature: Prathyusha

Date & Time : 14/7/26 @ 6pm

00513171 IP-00060706
LASHMI GUPTTA
-1996 30 Y 1 M 15 D (F)
HAVANA K

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: L/W Shifted to: ROOM (202)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T PANTOPRAZOLE	40MG	PO	OD	15/7	~~C~~ ☐ DC
2	T PARACETAMOL	1GM	PO	TID	15/7	~~C~~ ☐ DC
3	T DICLOFENAC	50MG	PO	TID	15/7	~~C~~ ☐ DC
4	T. CEFIXIME	200MG	PO	BD	15/7	~~C~~ ☐ DC
5	SYP LACTULOSE	15ML	PO	HS	15/7	~~C~~ ☐ DC
6	CALAMINE LOTION	10ML	LOCAL	TID	15/7	~~C~~ ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : H. Dr. Ashwini

Date & Time : 2:30PM 15/7/26

Nurse Name & Signature: Mathyusha A

Date & Time : 3:30 pm 15/7/26

DR M. VINEETHA

Epidural Catheter Removed
YES / NO

Docu. No. : RCH /FRM / GENERAL / 090

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

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DRUG CHART

Date of Admission: 14/7/2026 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Signature

VERIFIED BY : Name

Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS Weight. 62/9 Ward. C/W

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Date
200mg	PO	12th hrly	15/7

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	8th hrly	15/7

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	8th hrly	15/7

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	ONCE DAILY	15/7

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

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Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name : Mrs Rashm	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : SYRUP DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	PO	AT BED TIME	15/7

Name & Signature of the Doctor starting the Drugs: Dr Greeshma

Additional Instructions:

STOP 15/7/26 Dr YOGESHWARI

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist

DRUG : CALAMINE LOTION

Dose	Route	Frequency	Start Dt.
10ml	LOCAL	12hrly	15/7

Name & Signature of the Doctor starting the Drugs: Dr Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	ONCE DAILY	15/7/26

Name & Signature of the Doctor starting the Drugs: Dr YOGESHWARI

Additional Instructions: AT BED TIME

Date/Time: 15/7 10 pm

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :				Date ➤ / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

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Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

Weight. 62kg Ward. LW

Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 15/7	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE

Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE OINTMENT	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 15/7	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma.	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/7	9.15PM	T. MISOPROSTOL	25 MCG	PU		
15/7	6:45 AM	T. MISOPROSTOL	25 MCG	PU		
15/7/26	9:50 AM	PROCTOCLYSIS ENEMA	100 ML	PR		
15/7/26	11 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
15/7/26	10 AM	INJ-DROTAVERINE	40MG	IV		
15/7	10:30 AM	INJ VALETHAMATE BROMIDE	8MG	IV		
15/7	11 AM	INJ DROTAVERINE.	40MG	IV		
15/7	11:30 AM	INJ VALETHAMATE BROMIDE	5MG	IV		
15/7	12PM	T. MISOPROSTOL	800 mcg	PR		

Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 15 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 62kg Ward. L/W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/7	10:30 AM	RINGER LACTATE	IV	FF					
15/7	10:10 AM	INJ OXYTOCIN. 5UNITS IN RINGER LACTATE	IV	5ML/HOUR			15/7		
15/7	10:50 AM	RINGER LACTATE	IV	100ml/hr			15/7		
15/7/26	11:15	INJ OXYTOCIN 15UNITS IN RINGER LACTATE	IV	FF			15/7.		

Signature .....

VERIFIED BY : Name .....

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Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: MRS. RASHMI GUPTTA Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/26	11:45 AM	INJ OXYTOCIN	10 UNITS	IM			
15/7/26	12:PM	SUPPOSITORY DICLOFENAC	100 MG	PR			

Verified
Dr. Rishika
Clinical Pharmacologist
15/7